



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:1

Reporting for the week ending 01/04/20 (MMWR Week #1)

January 10th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

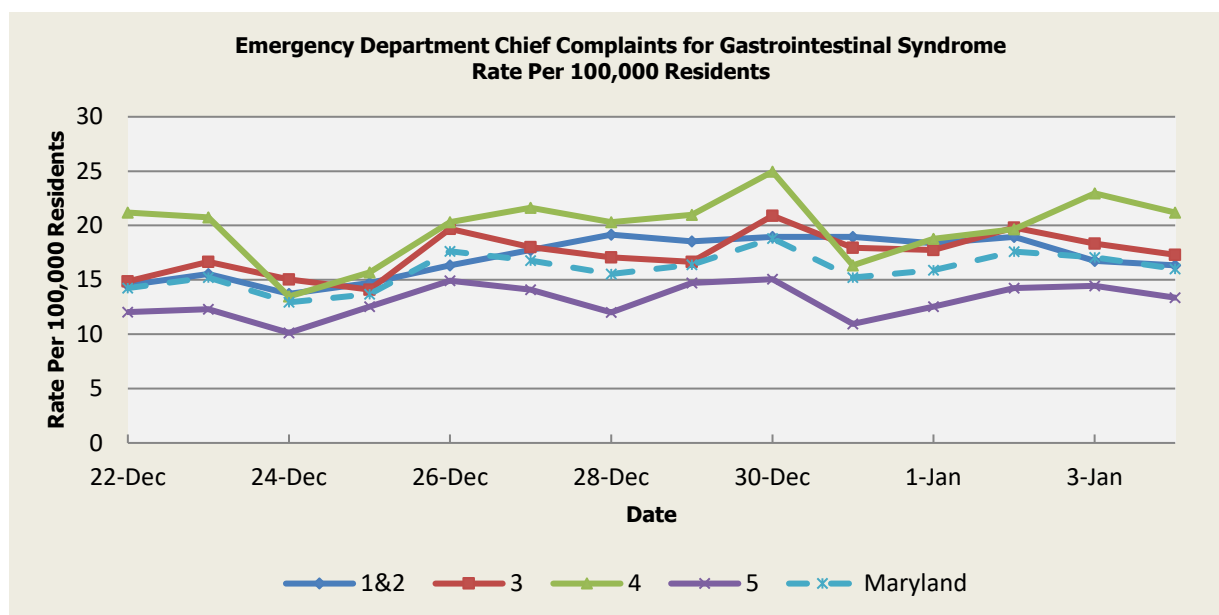
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



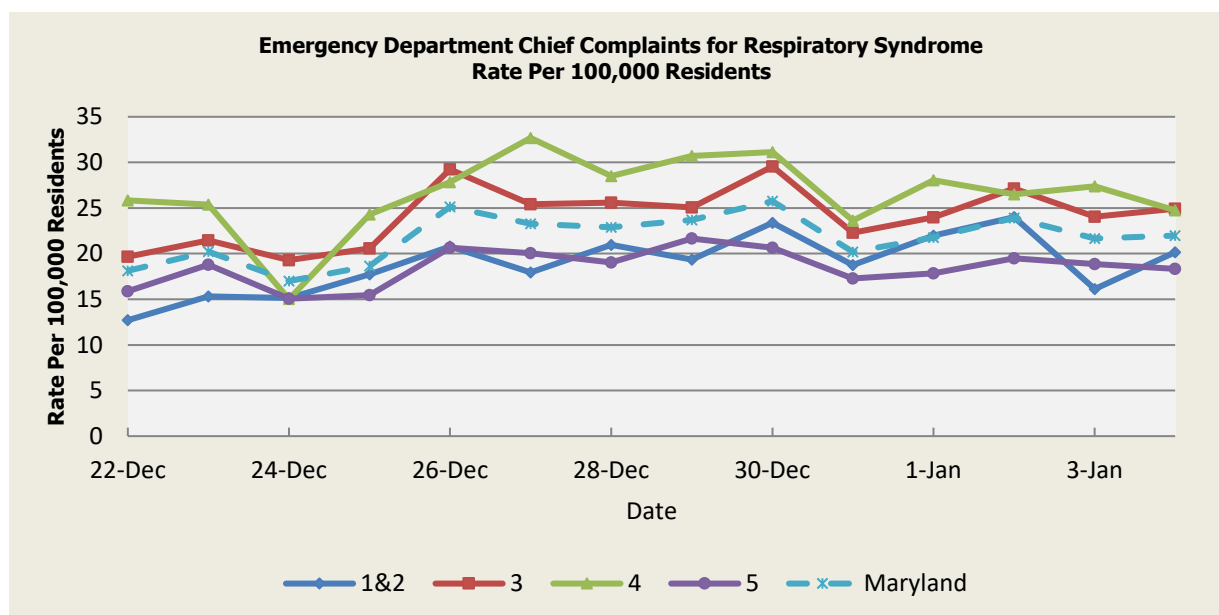
There were (4) Gastrointestinal Syndrome outbreaks reported this week: two (2) outbreaks of Gastroenteritis in Nursing Homes (Regions 1&2), one (1) outbreak of Gastroenteritis in an Assisted Living Facility, one (1) outbreak of Gastroenteritis associated with a Restaurant and Private Home (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.34	15.08	15.97	10.28	13.17
Median Rate*	13.31	14.87	15.46	10.17	13.03

** Per 100,000 Residents*

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Respiratory Syndrome



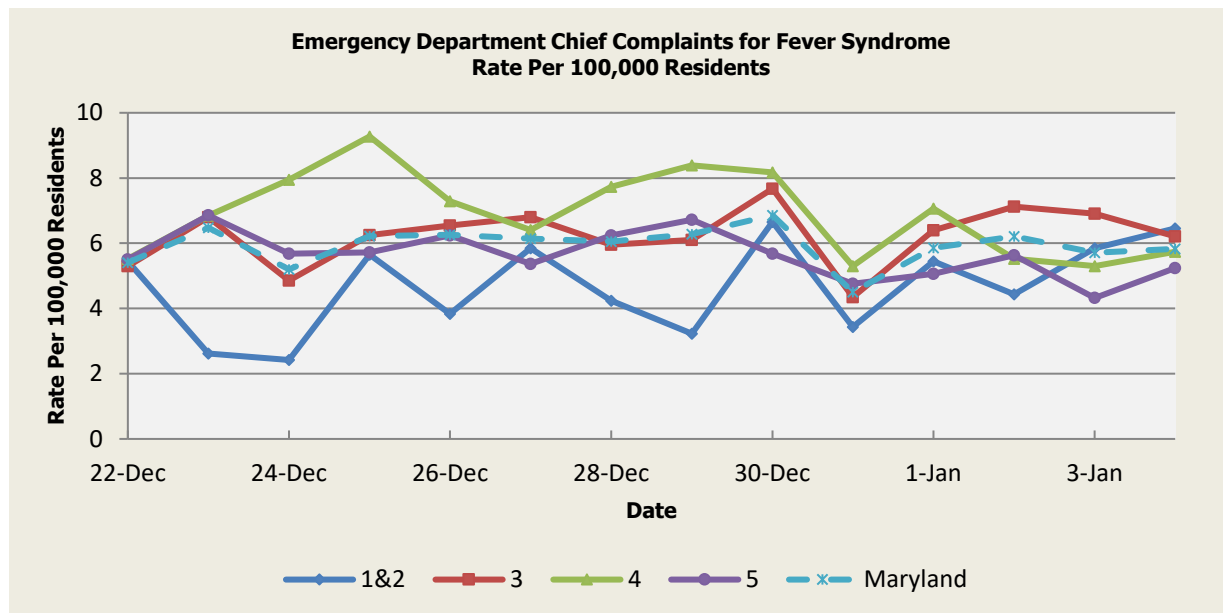
There were three (3) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Influenza/Pneumonia in an Assisted Living Facility (Region 3), one (1) outbreak of Pneumonia in an Assisted Living Facility (Region 3), 1 outbreak of LEGIONELLOSIS associated with a Condominium Building (Region 4).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.66	14.79	15.14	10.01	12.81
Median Rate*	12.10	14.25	14.35	9.65	12.33

* Per 100,000 Residents

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Fever Syndrome



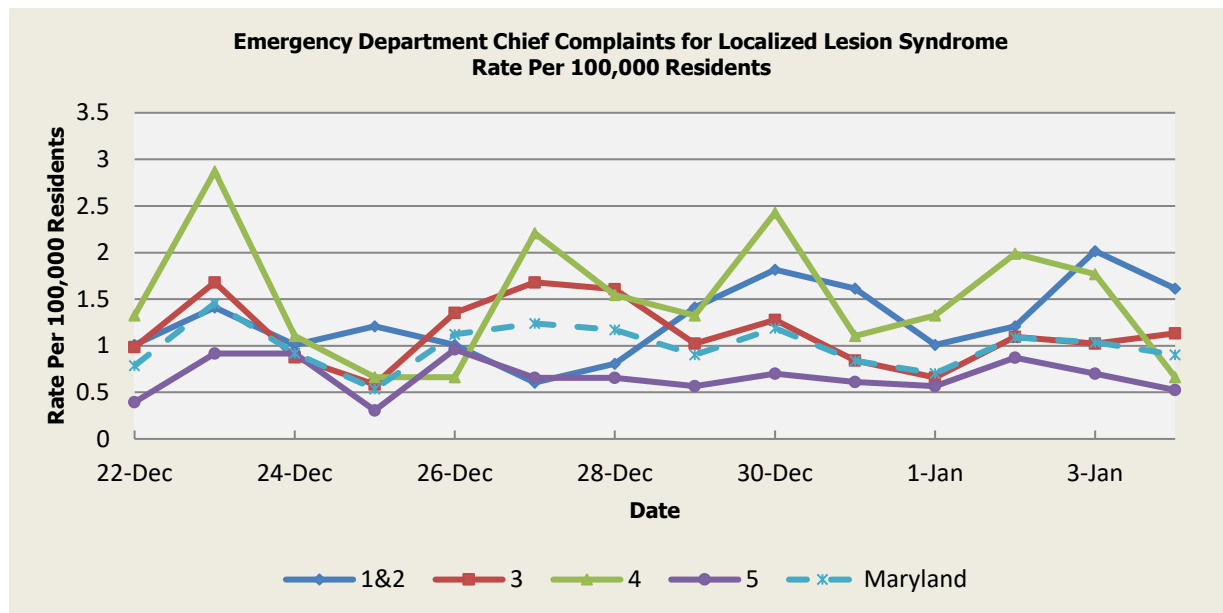
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.09	3.91	4.14	3.05	3.53
Median Rate*	3.02	3.80	3.97	2.92	3.41

**Per 100,000 Residents*

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Localized Lesion Syndrome



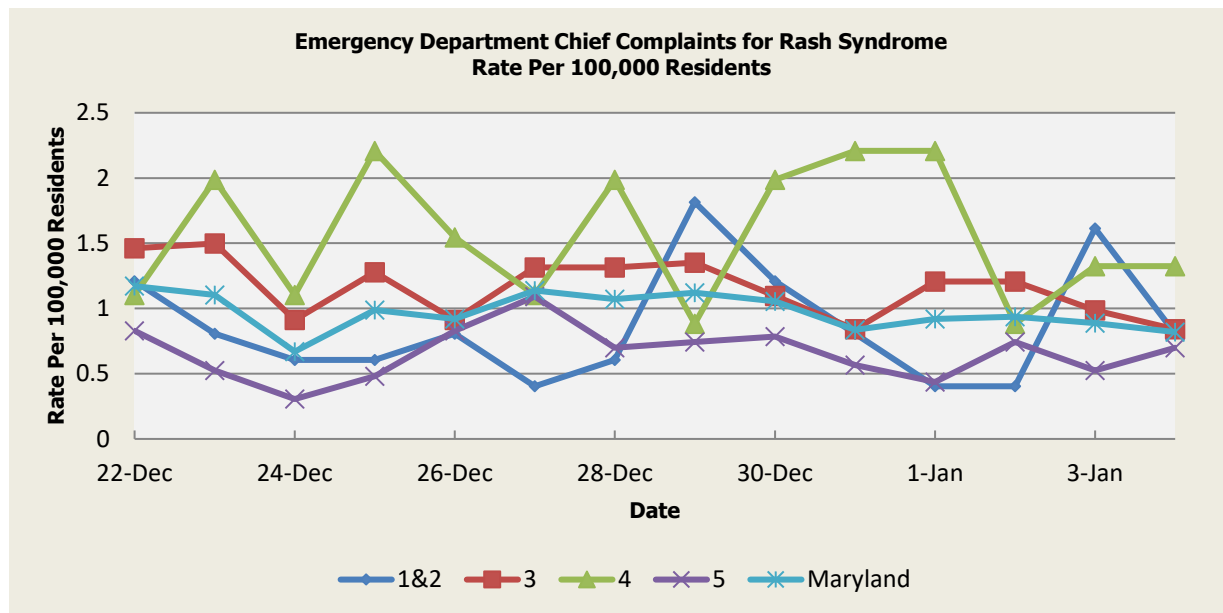
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.78	2.04	0.91	1.41
Median Rate*	1.01	1.72	1.99	0.87	1.36

* Per 100,000 Residents

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Rash Syndrome



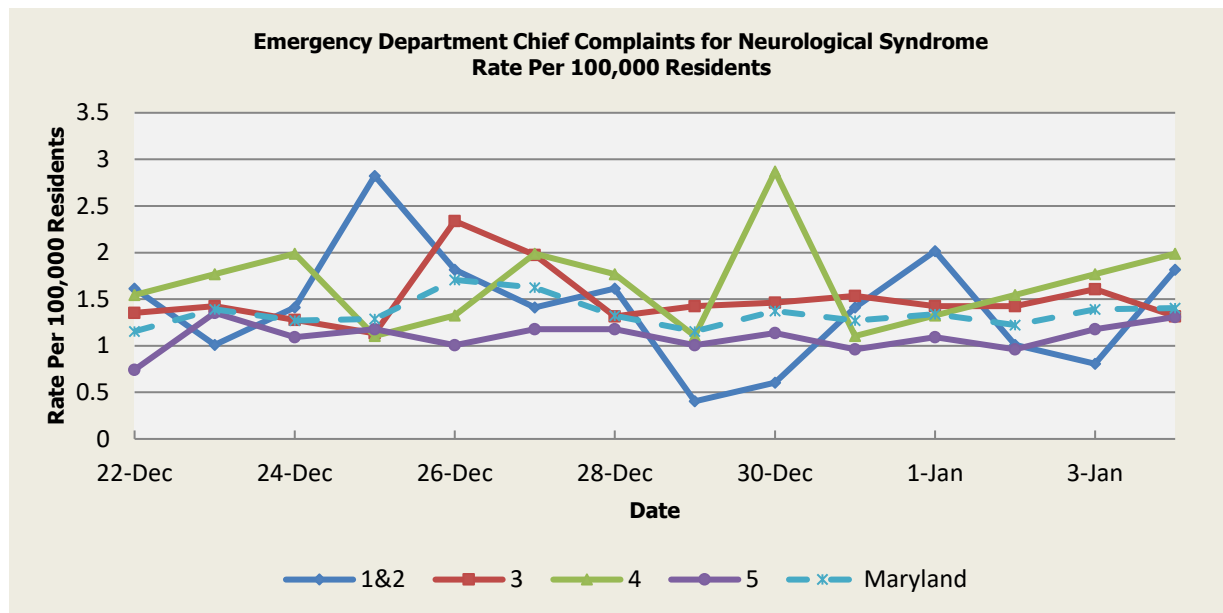
There was one (1) outbreak of Scabies in an Assisted Living Facility (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.67	1.76	0.97	1.37
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



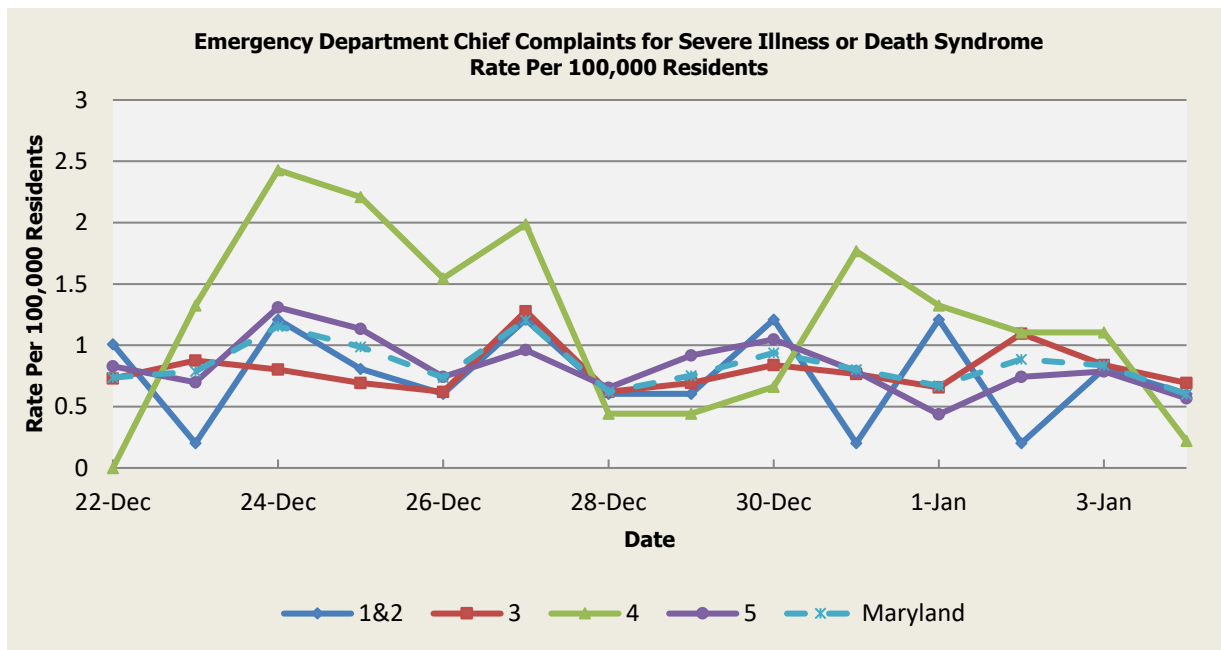
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.80	0.97	0.89	0.62	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.74

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

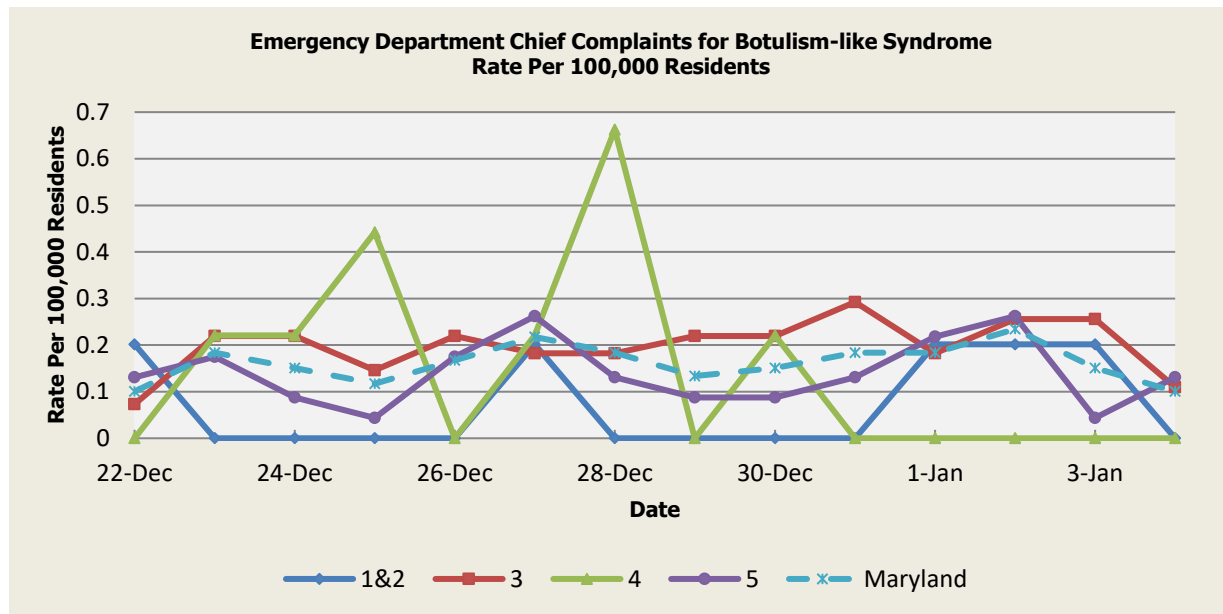
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.53	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



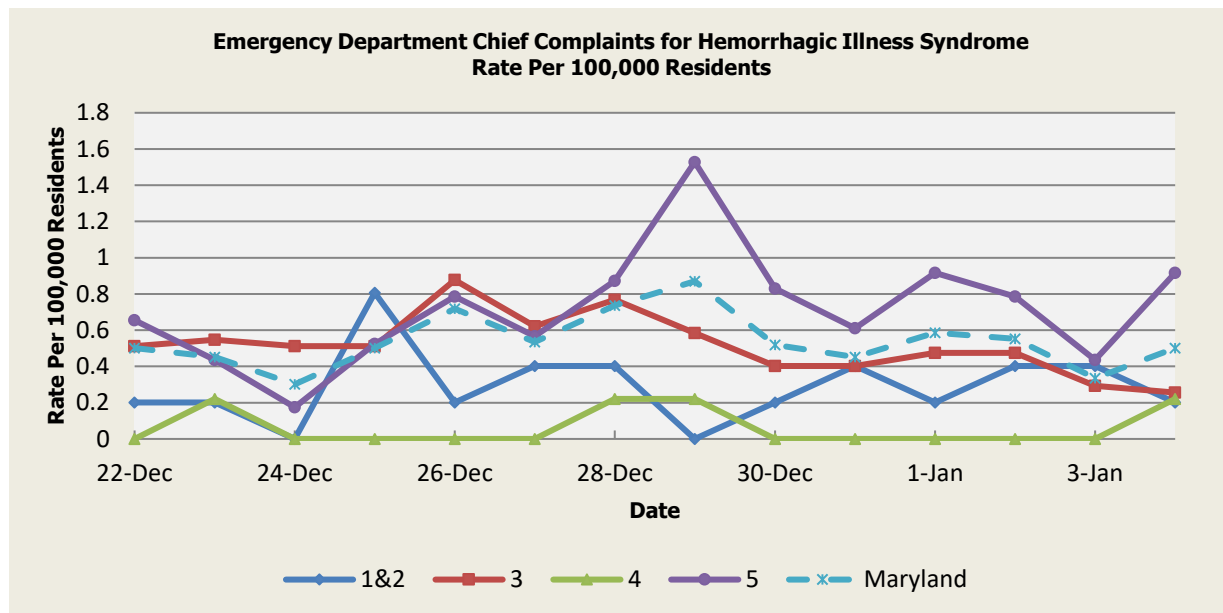
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 12/22 (Regions 1&2), 12/23 (Regions 4,5), 12/24 (Region 4), 12/25 (Region 4), 12/26 (Region 5), 12/27 (Regions 1&2,4,5), and 12/28 (Region 4), 12/30 (Region 4), 1/01 (Regions 1&2,5), 1/02 (Regions 1&2,5), 1/03 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



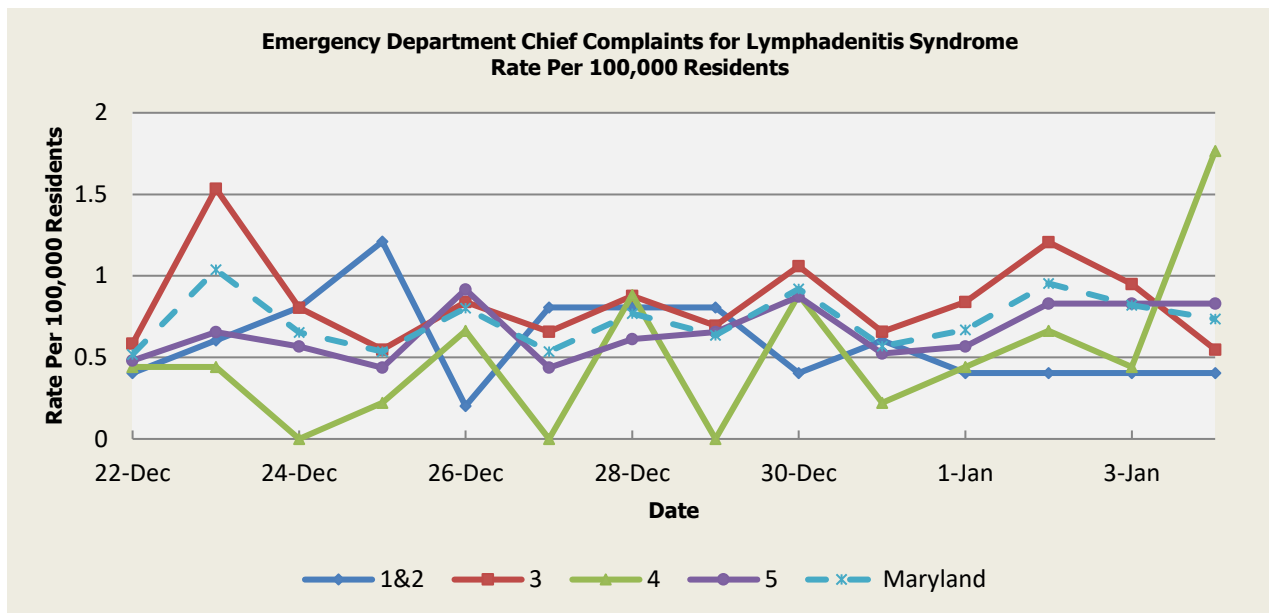
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 12/22 (Regions 1&2,3,5), 12/23 (Regions 1&2,3,4,5), 12/24 (Region 3), 12/25 (Regions 1&2,3,5), 12/ 26 (Regions 1&2,3,5), 12/27 ((Regions 1&2,3,5) and 12/28 (Regions 1&2,3,4,5), 12/29 (Regions 3,4,5), 12/30 (Regions 1&2,3,5), 12/31 (Regions 1&2,3,5), 1/01 (Regions 1&2,3,5), 1/02 (Regions 1&2,3,5), 1/03 (Regions 1&2,5), 1/04 (Regions 1&2,4,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.14	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome 12/23 (Region 3), 12/24 (Regions 1&2), 12/25 (Regions 1&2), 12/26 (Region 5), 12/27 (Regions 1&2), and 12/28 (Regions 1&2,4), 12/29 (Regions 1&2), 12/30 (Regions 4,5), 1/02 (Regions 3,5), 1/03 (Region 5), 1/04 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.41	0.39	0.49
Median Rate*	0.40	0.51	0.44	0.35	0.44

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

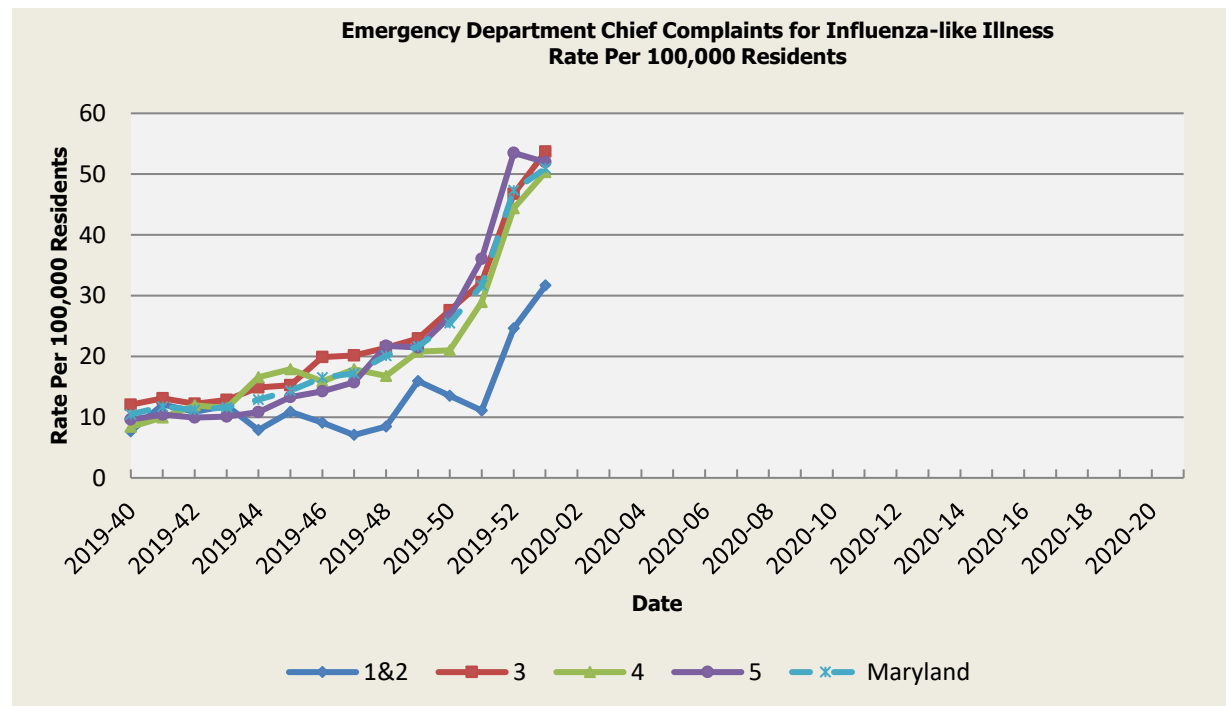
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 1 was: High Activity and Widespread Geographic Activity.

Influenza-like Illness

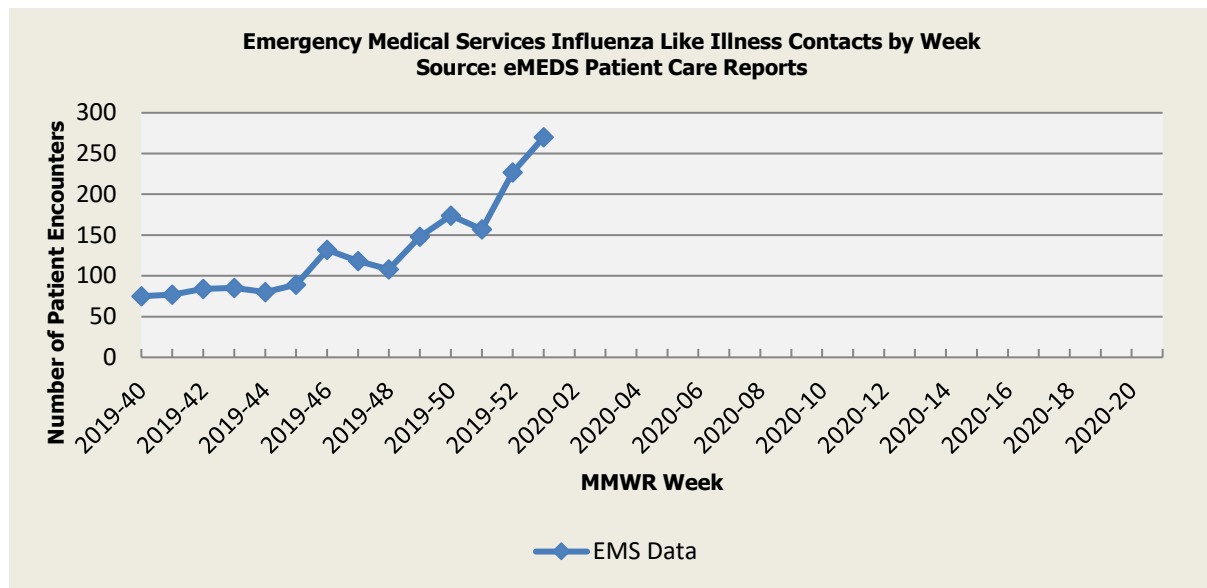


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.21	13.49	12.96	11.48	12.41
Median Rate*	7.66	10.43	9.50	8.84	9.52

* Per 100,000 Residents

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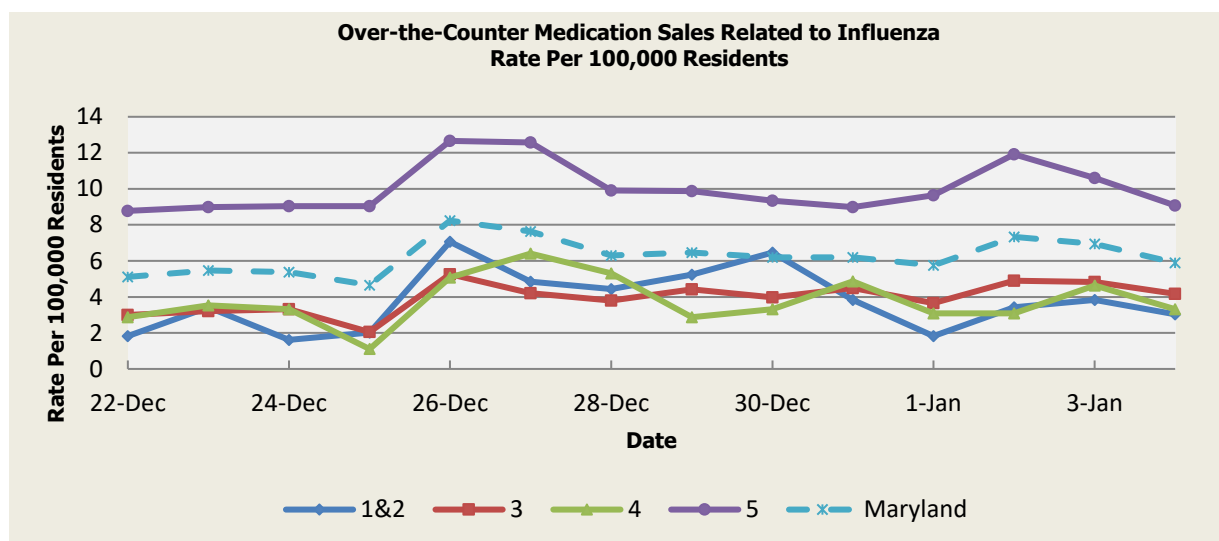
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



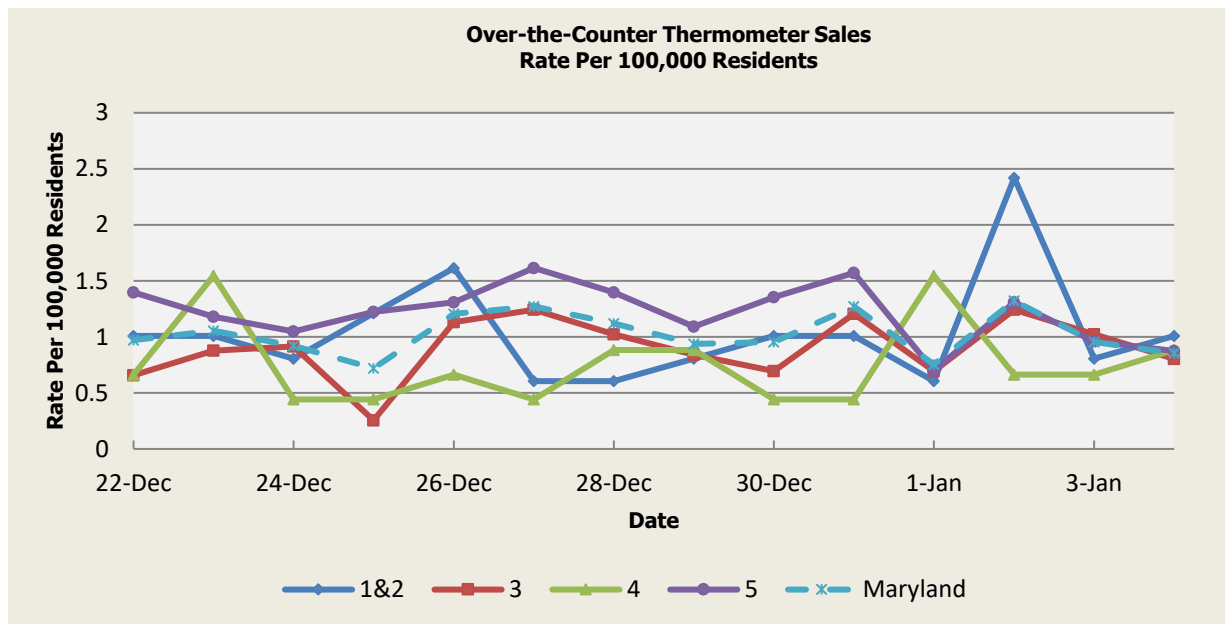
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.41	2.66	7.77	5.49
Median Rate*	2.82	3.51	2.21	7.03	4.74

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.88	2.74	2.19	3.64	3.06
Median Rate*	2.62	2.67	1.99	3.58	3.01

* Per 100,000 Residents

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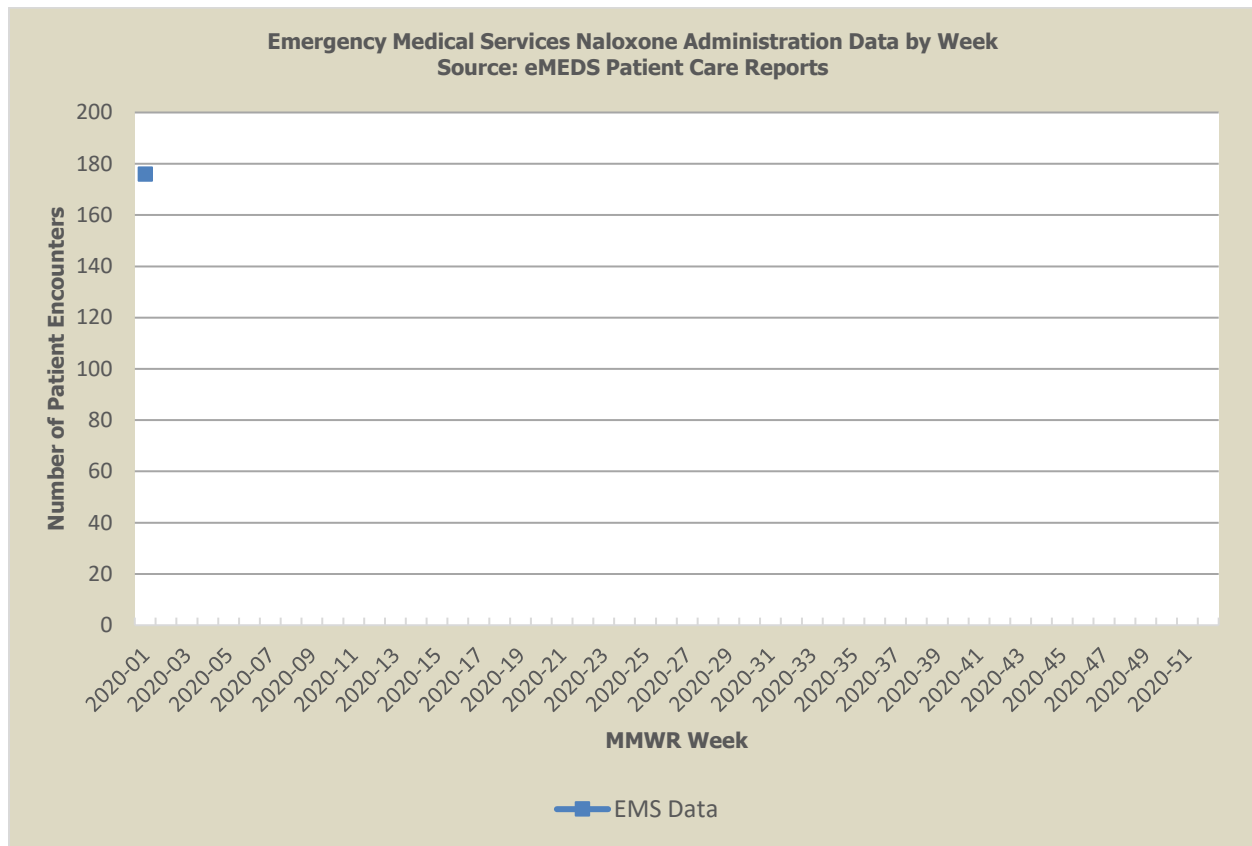
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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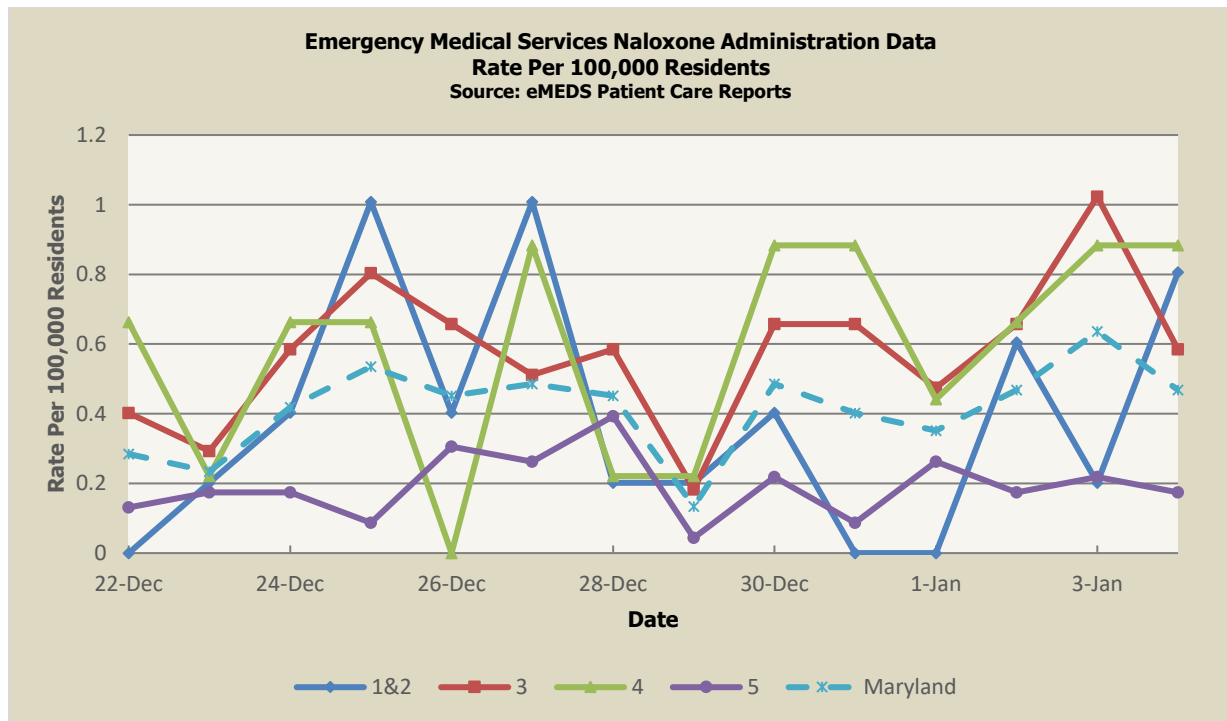
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 9th, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (UNITED KINGDOM), 8 Jan 2020, The authorities are investigating a suspected case of a notifiable bird disease on a poultry farm in County Fermanagh. Read More: <https://promedmail.org/promed-post/?id=6877259>

AVIAN INFLUENZA (INDIA), 8 Jan 2020, Information received on [and dated] 8 Jan 2020 from Dr Atul Chaturvedi, secretary, Department of Animal Husbandry and Dairying, Ministry of Fisheries, Animal Husbandry and Dairying, New Delhi, India. Read More: <https://promedmail.org/promed-post/?id=6877953>

AVIAN INFLUENZA (POLAND), 6 Jan 2020, Summary of the epizootic situation associated with highly pathogenic avian influenza (HPAI) in poultry during the period 31 Dec 2019-3 Jan 2020. Read More: <https://promedmail.org/promed-post/?id=6874145>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

INFLUENZA (OHIO), 3 Jan 2020, A surge in flu cases has pushed the Miami Valley Hospital emergency department to capacity, according to a spokeswoman. Doctors at Miami Valley are urging patients with flu symptoms to 1st contact their primary care provider or go to an urgent care for non-emergency flu cases. Read More: <https://promedmail.org/promed-post/?id=6871893>

BOTULISM (ALASKA), 6 Jan 2020, A jar of home-canned salmon sent an Anchorage man to the hospital with a life-threatening illness for a week this summer [2019], according to state epidemiologists. Read More: <https://promedmail.org/promed-post/?id=6874215>

BOTULISM (TEXAS), 5 Jan 2020, The El Paso County Coroner's office is reporting the 1st local death from botulism since 2008. The coroner reported that an 80-year-old woman died after eating prepared potatoes that had been previously frozen and then were left at room temperature for nearly 2 weeks. Read More: <https://promedmail.org/promed-post/?id=6872265>

SALMONELLOSIS, SEROTYPE JAVIANA (MULTISTATE), 5 Jan 2019, Since the last update on 11 Dec 2019, 85 additional ill people have been reported from 11 states. These illnesses started during the same period as the illnesses reported in the last update but were not confirmed as part of the outbreak at that time. Read More: <https://promedmail.org/promed-post/?id=6872238>

E. COLI EHEC (IOWA), 4 Jan 2020, Sprouts Unlimited has initiated a recall of clover sprouts because of possible *E. coli* O103 contamination. The clover sprouts were distributed to Hy Vee Food stores and Fareway Food Stores and used by Jimmy John's restaurants in Iowa. Read More: <https://promedmail.org/promed-post/?id=6871060>

PERTUSSIS UPDATE (MULTISTATE), 2 Jan 2020, Several confirmed cases of whooping cough have been reported in Harnett County. Rebecca Campbell, the school nurse at Western Harnett High School, alerted parents to the outbreak. Read More: <https://promedmail.org/promed-post/?id=6868270>

INTERNATIONAL DISEASE REPORTS

UNDIAGNOSED PNEUMONIA (CHINA), 8 Jan 2020, Preliminary progress in pathogen identification of unexplained viral pneumonia in Wuhan Original title: Experts say that the new coronavirus is an unknown cause of viral pneumonia in Wuhan. Read More: <https://promedmail.org/promed-post/?id=6878869>

MERS-COV (02) (SAUDI ARABIA), 9 Jan 2020, On [29 Dec 2019], the National IHR Focal Point of the United Arab Emirates (UAE) reported one laboratory-confirmed case of Middle East respiratory syndrome coronavirus (MERS-CoV) to WHO. Read More: <https://promedmail.org/promed-post/?id=6878155>

PLAGUE (CHINA), 8 Jan 2020, On 11 Nov 2019, Beijing Center for Disease Control (Beijing CDC) identified 2 cases of *Yersinia pestis* (*Y. pestis*)-induced pneumonic plague in a husband and wife from the Sunitezuo Qi (County) of the Xilinguole League (Prefecture) in Inner Mongolia Autonomous Region. Read More: <https://promedmail.org/promed-post/?id=6878373>

DIPHTHERIA (SUDAN), 8 Jan 2020, In a follow-up on the diphtheria outbreak in Alsunta locality in South Darfur State, Sudan, the Ministry of Health in South Darfur State is now reporting 80 cases of confirmed diphtheria, including 10 deaths in Alsunta locality, according to [a] 3 Ayin report (computer translated). Read More: <https://promedmail.org/promed-post/?id=6877952>

LASSA FEVER (NIGERIA), 7 Jan 2020, From Jan - Dec 2019, a total of 4897 suspected cases have been reported from 23 states. Of these, 810 were confirmed positive, 19 probable, and 4068 negative. Read More: <https://promedmail.org/promed-post/?id=6876305>

ANTHRAX (ZIMBABWE), 7 Jan 2020, A deadly anthrax outbreak has hit Gokwe North district in the Midlands province, with farmers losing large herds of cattle while several people were reportedly hospitalized after eating infected meat. Read More: <https://promedmail.org/promed-post/?id=6876050>

LASSA FEVER (NIGERIA), 7 Jan 2020, In the reporting week 49 (2-8 Dec 2019), 13 new confirmed cases were reported from Ondo (11), Bauchi (1) and Gombe (1) states with 4 new deaths from Ondo (3) and Gombe (1) states. Read More: <https://promedmail.org/promed-post/?id=6876305>

SEVERE FEVER WITH THROMBOCYTOPENIA SYNDROME (JAPAN), 6 Jan 2020, A tick-borne virus that is rapidly spreading throughout Asia has such a high death rate that it should be treated on par with diseases such as Ebola, a Japanese virologist has warned. Read More: <https://promedmail.org/promed-post/?id=6874067>

STREPTOCOCCUS GROUP A, SCARLET FEVER (ENGLAND), 6 Jan 2020, People across Somerset and Bath have been urged to be aware of the symptoms of scarlet fever after a huge outbreak of the illness across the county over the Christmas period. Read More: <https://promedmail.org/promed-post/?id=6873406>

SALMONELLOSIS, SEROTYPE TYPHIMURIUM, MONOPHASIC (DENMARK), 5 Jan 2020, Several people part of a *Salmonella* outbreak in Denmark tasted or ate raw or undercooked sausage, according to a recently published study. In November 2018, an outbreak of monophasic *Salmonella* Typhimurium was detected. It sickened at least 49 people across the country. Read More: <https://promedmail.org/promed-post/?id=6872242>

VAPING-RELATED ILLNESS (CANADA), 5 Jan 2020, Alberta's chief medical officer of health confirmed the province's 1st case of severe vaping-associated lung illness on Thu 2 Jan 2020. Dr. Deena Hinshaw said the case was confirmed a few days ago but would not say where in Alberta it was reported. Read More: <https://promedmail.org/promed-post/?id=6872241>

HEPATITIS E (PAKISTAN), Jan 4 2020, Hepatitis E is spreading rapidly in the Almas area of Ashiri Darra in Upper Dir, and over 60 patients have been diagnosed with the disease during the last one month. Read More: <https://promedmail.org/promed-post/?id=6871089>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

